

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	1		1			
2							52	1		1			
3							53	1		1			
4							54		12		12		
5							55		12		12		
6							56		12		12		
7							57		12		12		
8							58		12		12		
9							59			1			
10							60			1			
11							61			1			
12							62			1			
13							63			1			
14							64			1			
15							65			1			
16							66			1			
17							67			1			
18							68			1			
19							69			1			
20							70			1			
21							71			1			
22							72			1			
23							73			1			
24							74			1			
25							75			1			
26							76			1			
27							77			1			
28							78			1			
29							79			1			
30							80			1			
31							81			1			
32							82			1			
33							83			1			
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.	12		27			
TOTAL DEP.			0				TOTAL DEP.	12		60			
TOTAL CLAIMS			9				TOTAL CLAIMS	72		87			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

$87 + 9 = 96$

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